

PEST CONTROL TECHNICIAN REGISTRATION APPLICATION

 CALENDAR
YEAR

1. PERSONAL INFORMATION:

| | | | |
|-------------------------|----------------------|-------------|----------------------|
| Social Security Number: | <input type="text"/> | Birth Date: | <input type="text"/> |
| Employment Date: | <input type="text"/> | Phone: | <input type="text"/> |
| Last Name: | <input type="text"/> | | |
| First and Middle Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | County: | <input type="text"/> |
| | | State: | <input type="text"/> |
| | | Zip: | <input type="text"/> |

2. LICENSED PESTICIDE BUSINESS (EMPLOYER) INFORMATION:

| | | | | | |
|----------------------|----------------------|-----------------------|----------------------|------------------------|----------------------|
| Business License No: | <input type="text"/> | Tax Id (FEIN or SSN): | <input type="text"/> | License Category(ies): | <input type="text"/> |
| Employer Name: | <input type="text"/> | | | | |
| Employer Address: | <input type="text"/> | | | | |
| City: | <input type="text"/> | County: | <input type="text"/> | State: | <input type="text"/> |
| Phone: | <input type="text"/> | Fax: | <input type="text"/> | Zip: | <input type="text"/> |

3. CATEGORY(IES) INFORMATION: Check the subcategory(ies) of Pest Control Technician Registration applying for:

| | <u>1st-Time</u> | <u>Renewal</u> | |
|--------------------------------------|--------------------------|--------------------------|--------------------------------------|
| 3A - Ornamental Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | 3A - Ornamental Pest Control |
| 3B - Turf Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | 3B - Turf Pest Control |
| 3C - Interior Landscape Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | 3C - Interior Landscape Pest Control |
| 7A - Wood Destroying Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | 7A - Wood Destroying Pest Control |
| 7E - Structural Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | 7E - Structural Pest Control |

4. APPLICANT STATEMENT: I certify under penalty of perjury that the foregoing is true and correct and that I have completed the pest control technician registration training requirements as set forth in the Kansas Pesticide Law and Regulations 2-2440a et. seq., and I herein apply for Kansas pest control technician registration as an employee of the licensed pesticide business named on this application.

| | | | |
|---------------------|----------------------|-------------|----------------------|
| Applicant Signature | <input type="text"/> | Date Signed | <input type="text"/> |
|---------------------|----------------------|-------------|----------------------|

(This section to be completed by employer)

5. TRAINING VERIFICATION: I hereby verify under penalty of perjury that the above-named applicant has completed pest control technician training requirements for the subcategory(ies) for which this application is made, that records have been completed which verify such training, and that I/we will maintain such records for a period of not less than three years.

| | | | |
|--------------------|----------------------|-------------|----------------------|
| Trainer Signature | <input type="text"/> | Date Signed | <input type="text"/> |
| Type or Print Name | <input type="text"/> | Title | <input type="text"/> |

6. REGISTRATION FEES: \$40.00 if uncertified applicator fee has NOT been previously submitted for this employee for this license year. \$25.00 if uncertified applicator fee HAS BEEN previously submitted for this employee for this license year.

7. SUBMIT COMPLETED APPLICATION AND REGISTRATION FEES TO KANSAS DEPARTMENT OF AGRICULTURE, RECORDS CENTER-PESTICIDE, 109 SW 9TH ST, TOPEKA, KS, 66612

8. PLEASE DO NOT WRITE BELOW THIS LINE (for Kansas Department of Agriculture use only)

| Fee | Code | Transaction No | Receipt Date | Check No | | Entry | Eff Date | Initials | Process Date |
|-----|------|----------------|--------------|----------|--|-------|----------|----------|--------------|
| | | | | | | | | | |
| | UA | | | | | | | | |
| | RT | | | | | | | | |

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NOTE: Every pesticide business applying pesticides for the control of ornamental pests (3A), turf pests (3B), interior landscape pests (3C), wood destroying pests (7A), or structural pests (7E) is required by the Kansas Pesticide Law to have a registered pest control technician training program. All pesticide businesses operating in the subcategories described are required to submit training materials to the Kansas Department of Agriculture for approval - OR - state that all applicators will be certified commercial pesticide applicators. Please indicate below which choice you are selecting for your business. If you need additional information or have any questions regarding registered pest control technician training programs, you may contact PESTICIDE SECTION, KANSAS DEPARTMENT OF AGRICULTURE, at (785) 296-3786.

☐

All pesticide applicators employed by my business are commercial applicators who are certified in the appropriate subcategories for the application work they perform. I do not plan to hire uncertified applicators. I understand if I do hire uncertified applicators in the future I am required to submit a training program.

☐

I have purchased a registered pest control technician training program from _____ dated _____ and I will be using this program to train my uncertified applicators.

☐

I will be sending my uncertified applicators to _____ for the ten (10) hours of registered pest control technician classroom training.

☐

I have developed my own registered pest control technician training program. A copy is enclosed for approval.

My signature verifies that I will be using the training program selected above and indicates my understanding that all uncertified applicators must receive ten (10) hours of classroom training and thirty (30) hours of on-the-job training and apply for pest control technician registration or become a certified applicator within ninety (90) days after they are employed (K.S.A. 2-2440a). Training records must be kept by the business as specified in K.A.R. 4-13-34.

SIGNED

NAME OF BUSINESS

TYPED OR PRINTED NAME AND TITLE

DATE SIGNED